



**SAN ANTONIO APARTMENT ASSOCIATION, INC.**  
**PROFESSIONAL DEVELOPMENT CENTER**  
**RENTAL REQUEST**

*Please complete and email back to SAAA at  
egarza@saaaonline.org*

SAAA Member Company \_\_\_\_\_

Reserved by \_\_\_\_\_ Title \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ E-mail \_\_\_\_\_

Date(s) Requested \_\_\_\_\_ Time(s) Needed \_\_\_\_\_

**Services & room rentals available Monday thru Friday  
only, 9:00 am to 4:00 pm**

*Please indicate selection(s)*

☐ **Barbara MacManus Professional Development Center**

☐ **Full Day**

*Up to 7 hours*  
\$350.00

☐ **Half Day**

*Up to 4 hours*  
200.00

☐ **Classroom style seating (seats up 68) # of seats \_\_\_\_\_**

**Additional Options Available:**

☐ **Power Point Projector, laptop & screen**

\$175.00

\$100.00

☐ **Wireless internet service**

\$20.00

\$20.00

☐ **Wireless mic**

\$50.00

\$25.00

**Additional**

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please remember to attach a copy of the materials or subject matter to be covered.**

*I have read and acknowledge the SAAA Professional Development Center Rental Agreement.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Account #</b> _____	<b>PO#</b> _____	<b>Office Use Only</b>
<b>Approved by</b> _____	<b>Date</b> _____	<b>Invoice#</b> _____
<b>Materials approved by</b> _____	<b>Date</b> _____	<b>Time</b> _____
<b>Cancellation Made by</b> _____	<b>Date</b> _____	<b>Time</b> _____

**SUBTOTAL** \_\_\_\_\_

**TAX** \_\_\_\_\_

**TOTAL** \_\_\_\_\_